

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/12/2018 10:36
Date Of Accident	30/11/2018 18:20
Exact Location Of Accident	ALONG CTE TOWARD CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR31Z
Insured/Policyholder	
Name Of Registered Owner	YEO CHUNG KHUN
NRIC No	S8004732J
Email Address	CHRISYEO.CK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98807055
Alternative Phone No	OTHERS-98807055

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA351398
Cover Note Number	

Driver

Name of Driver	YEO CHUNG KHUN
NRIC No	S8004732J
Date Of Birth	09/02/1980
Occupation	INDOOR
Date Of Driving Pass	22/01/1999
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98807055
Fax Number	
Contact Number	OTHERS-98807055
Email Address	CHRISYEO.CK@GMAIL.COM

Address	96 PUNGGOL DRIVE #18-13
Postcode	828797
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA3840A
Vehicle Make/Model/Colour	MERCEDES - WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LILIAN
NRIC/Passport Number	
Contact Number	90477414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

3/12/10.


Sketch Plan #2


SKETCH PLAN

Vehicle
A - 2R31Z
B - 2A384CA



Legend

 Vehicle

 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was on CTE Tunnel city. Front vehicle Brake, I stopped
in time. SLASHED Bang to my rear: video and images
attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

3/12/18.

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 30/11/18 1820		2 Exact location of accident CTE		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SLR312

6 Insured / policyholder (see insurance cert.)
Name Yeo Chung Khun
Address
NRIC / Passport no. S5004732
Tel no. (from 9am till 5pm)
HP 98807055

7 Vehicle
Make, type Honda Civic

8 Insurance company
AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA351398

9 Driver ☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, explosion or lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SLA3840A

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type Mercedes-White

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP 90472414
Gender Male ☐ Female ☒

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

B

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.


For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)				<small>Own Workshop Email / Fax (if any)</small>				
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)								
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all)			Email:				
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity			
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire							
	<input type="checkbox"/> Others - please specify							
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If no, state where it is at present							Tel no.	
6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)								
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?	
	9/2/80		Indoor		Outdoor		22/1/99	
	Yes		No		Yes		No	
	Yes		No		Yes		No	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability							
9 Full details of all driving convictions including pending prosecutions in the last 36 months								
Date		Offence				Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn?	
							Yes No	
							Yes No	
							Yes No	
							Yes No	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	If yes, please state which Police station							
13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
If yes, against whom?								
Accident details	14 Weather conditions		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others					
	15 Road surface		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others					
	16 Speed of vehicles		A km/hr		B km/hr			
	17 What warnings were given by driver or other party?							
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	19 What lights were displayed on your vehicle/the other vehicle(s)?							
	20 If your vehicle is commercial, state weight of load carried at time of accident							
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)							
	22 State number of Passengers (including Driver)							
	1							
Declaration	I/We declare the foregoing particulars are true in every respect							
	Policyholder's signature						Date	
	Driver's signature (if driver is not the policyholder)						Date	

Owner IC & LIC Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8004732J



Name
YEO CHUNG KHUN
(YAO JUNKUN)
姚 俊 坤

Race
CHINESE

Date of birth 09-02-1980 Sex M

Country of birth
SINGAPORE

4704788

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8004732J

Name
YEO CHUNG KHUN (YAO JUNKUN)

Birth Date 09 Feb 1980

Issue Date 17 Jan 2003

000216646A

NRIC No. S8004732J

Date of issue 21-03-2011

96 PUNGGOL DRIVE #18-13
SINGAPORE 828797

NRIC No. S8004732J Date 15/12/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS (S)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Dec 2001
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jan 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	22 Jan 1993

S8004732J S / No. 900001086

NP 428A

Licence No. S8004732J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

